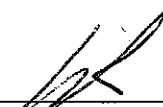


Case Number 07-35065 - RASHID, GENE DANIEL

Creditor	Claim No.	Amount Allowed	Amount Paid
GOLD CROSS AMBULANCE SDS-12-2556 PO BOX 86 MINNEAPOLIS MN 55486-2556 66956	000004	1,187.66	1.33
MAYO CLINIC SDS-12-2932 PO BOX 86 MINNEAPOLIS MN 55486-2932 2573	000009	2,234.60	2.49
----- Remittance Total -----		3,422.26	3.82



CHARLES W. RIES, Trustee

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